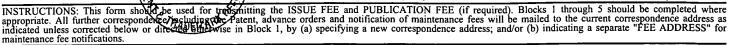
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(Depositor's name) (Signature (Date CONFIRMATION NO. ATTORNEY DOCKET NO. APPLICATION NO. FILING DATE FIRST NAMED INVENTOR Junichi Ooka 240321US3 10/618.611 07/15/2003 TITLE OF INVENTION: TRANSMISSION GEAR WITH DOG CLUTCH GEAR AND METHOD FOR MANUFACTURING THE SAME 00000016 10616611 10616611 04/08/2005 JADDO2 1400.00 DP 300,00 OP 01 FC:1501 AP PUBLICATION FEE APPLN. TYPE SMALL ENTITY ISSUE FEE TOTAL FEE(S) DUE DATE DUE 04/14/2005 NO \$1400 \$300 \$1700 nonprovisional CLASS-SUBCLASS **EXAMINER** ART UNIT 192-108000 BONCK, RODNEY H 3681 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list OBLON, SPIVAK, (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. McCLELLAND, MAIER or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer & NEUSTADT, P.C. Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) O-OKA CORPORATION Nagoya-shi, JAPAN Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.

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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Joseph Scafetta, Jr.

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The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

Registration No.

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